

01-15-02

**UTILITY PATENT APPLICATION
TRANSMITTAL UNDER 37 CFR 1.53(b)**
ATTORNEY DOCKET NO. 81463JDL

To: Commissioner for Patents
Box Patent Application
Washington, D.C. 20231

**BANDED COMPOSITOR FOR
VARIABLE DATA**
Express Mail Label No. EL603349012US
Date: October 23, 2001
First Named Inventor (or Application Identifier):
Rainer Prosi
Enclosed are:

1. ☒ Specification
2. ☒ Sheet(s) of informal drawing(s)
3. ☐ Information Disclosure Statement Under 37 CFR 1.97.
4. ☐ Combined Declaration for Patent Application and Power of Attorney:
- 4a. ☒ New (unsigned)
- 4b. ☐ Copy from a prior application (37 CFR 1.63(d) (for continuation/divisional with Box 11 completed))
5. ☐ Assignment of the invention to **NexPress Solutions LLC**
6. ☐ Certified copy of a priority
7. ☐ Associate Power of Attorney

5. ☐ Incorporation by Reference (useable if Box 4b is

☒ Checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

10. ☐ If a 111A application prior to examination of the above-identified application, amend the specification at Page 1, after the title, by inserting the following:

--CROSS REFERENCE TO RELATED APPLICATION

Reference is made to and priority claimed from U.S. Provisional Application Serial No. , filed , entitled .

If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information:

11. ☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: _____

Filed: _____, Entitled:

12. ☒ Please address all written communications to Lawrence P. Kessler, Patent Department, NexPress Solutions LLC, 1447 St. Paul Street, Rochester, New York 14653-7103
Please Direct all telephone calls to Lawrence P. Kessler at (716) 253-0123.

The filing fee has been calculated as shown below:

FOR:	NO. FILED	NO. EXTRA	RATE	FEE
BASIC FEE				\$ 740
TOTAL CLAIMS	36 - 20 =	16	x 18 =	\$ 288
INDEPENDENT CLAIMS	3 - 3 =	0	x 84 =	\$ 0
MULTIPLE DEPENDENT CLAIM PRESENTED				\$ 0
				+ 280
TOTAL				\$ 1028

☒ Please charge my NexPress Solutions LLC Deposit Account No. 50-1466 in the amount of **\$1028.00**

A duplicate copy of this sheet is enclosed

☒ The Commissioner is hereby authorized to charge any additional filing fees required under 37 CFR 1.16 or credit any overpayment to NexPress Solutions LLC Deposit Account No. 50-1466.

A duplicate copy of this sheet is enclosed.

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